

NEVADA STATE ATHLETIC COMMISSION
555 E. WASHINGTON AVENUE, SUITE 3200
LAS VEGAS, NV 89101
TELEPHONE (702) 486-2575 FACSIMILE (702) 486-2577

VISION EXAMINATION FOR OFFICIALS

The applicant must have best corrected vision of 20/40 or better to be licensed as an official.

Full Name: First _____ Middle _____ Last _____ (Telephone) _____ / ____ / ____ Date of Birth

Address (street) _____ (city) _____ (state) _____ (zip code) _____

HISTORY - If possible provide the following information:

Name and hometown of physician in charge: _____

Has applicant ever had any of the following conditions:

- (1) Blurred vision ? Yes No
- (2) Surgical procedures done to his/her eye(s) or the tissues around the eye other than simple sutures of the skin around the eye ?
 Yes No If yes, please explain: _____
- (3) Has applicant ever been informed by a physician that he/she had significant eye problems such as retinal detachment, retinal tear, primary or secondary glaucoma, aphakia, pseudophakia, dislocated lens, or cataract?
 Yes No If yes, please explain: _____
- (4) Eye Disease? Yes No
List nature of diseases or injuries: _____
- (5) Eye Injury? Yes No
List nature of diseases or injuries: _____

EXAMINATION

VISION: Without / With Best Correction

Right _____ / _____
Left _____ / _____

If either eye is 20/40 or worse with **BEST CORRECTION**

Right _____ Sph _____ Cyl x _____ Acuity _____
Left _____ Sph _____ Cyl x _____ Acuity _____

OPTOMETRIST / PHYSICIAN REMARKS: _____

The examining optometrist/physician is requested to mail a copy of any report, directly to the commission of an applicant that has a condition that may preclude him/her from being licensed.

OPTOMETRIST / PHYSICIAN:

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on this form and

I HAVE HAVE NOT medically cleared him/her to be an official.

LICENSED PHYSICIAN'S NAME AND LICENSE NUMBER (please print)

PHYSICIAN'S SIGNATURE

STREET ADDRESS

DATE

CITY STATE ZIP CODE

TELEPHONE AND FAX NUMBER INCLUDING AREA CODE